

Rhode Island Department of Health
Board of Certification of Drinking Water Operators

Application for Certificate Renewal

FOR OFFICE USE
ONLY

1. Read all instructions and questions before filling out this application. 2. Please type or print (in ink) all answers. 3. Applications must be filled out completely. Answer each of the questions. If a question is not applicable, write NA. *Incomplete applications will be returned.* 4. Send this application to: Rhode Island Department of Health/Office of Drinking Water Quality/Three Capitol Hill/Providence, R.I./02908.

Received _____

Appl. No. _____

Cert. No. _____

Remarks _____

A Applicant Information

Last Name _____ First _____ M.I. _____ Work Telephone # _____ Home Telephone # _____

Home Address _____ Street _____ Apt. # _____

City/Town _____ State _____ Zip _____

B Certificate Information

1. Type of Certificate: () Distribution () Treatment (*Check only one*)
2. Class of Certificate: () VSS () Class 1 () Class 2 () Class 3 () Class 4 (*Check only one*)
3. Certificate Number: _____ (*Located in the lower left hand corner of certificate*)
4. Certificate Expiration Date: _____ (*Located in the lower left hand corner of certificate*)

C Training

To renew a certificate, an applicant must complete a specific number of approved Training Contact Hours. List each approved training course that you have completed.

Course Title	Offered By	Date Attended	Training Contact Hours Received
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
Total:			

Operators are responsible for maintaining records for all training courses attended. **COPIES OF EACH COURSE CERTIFICATE, TRANSCRIPT, OR PROOF OF ATTENDANCE FOR EACH COURSE LISTED ABOVE MUST BE SUBMITTED WITH THIS APPLICATION.** Only courses that have been approved by the Board and successfully completed by the operator will be counted towards meeting the training requirements.

Work Experience

To renew any grade or classification of certificate, the applicant shall have been actively working in the area of his/her certification for at least twenty (20%) of the time between the date the certificate was issued and the date it expires.

1. Current Position:

a) Employer Name: _____

b) Date of hire into current position: _____

c) Job Title: _____

d) Percent of time actively working in the area of your certification (i.e. either treatment or distribution): _____

e) List job duties and responsibilities as they relate to your certification: *(Attach additional sheets as necessary)*

2. Previous Position:

a) Employer Name: _____

b) Dates position held: _____

c) Job Title: _____

d) Percent of time actively working in the area of your certification (i.e. either treatment or distribution): _____

e) List job duties and responsibilities as they relate to your certification: *(attach additional sheets as necessary)*

E ***Affidavit***

“I _____, do solemnly swear (affirm) that I am the applicant named in this application
(print name)

that I have made or read the contents hereof, and to the best of my knowledge and belief the foregoing statements and answers are true in substance and effect and are made in good faith. I understand that misstatement of material facts may result in forfeiture of all rights to certification as a drinking water operator in Rhode Island.”

Signature of applicant

Date